

Philippine Journal of Otolaryngology Head & Neck Surgery

For fast service, fill out this form completely and send to

The Managing Editor

Philippine Society of Otolaryngology Head and Neck Surgery No. 27 Manga Road, Barangay Kaunlaran Quezon City 1111, Philippines

Order forms are also available at http://iournal.pso-hns.org/order-form/

	0.40.		o aloo avalla	oro acritipii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.433	
FULL NAME: TITILE: INSTITUTION: MAILING ADDRESS: NUMBER/STREET: CITY: COUNTRY: TELEPHONE NUMBER: EMAIL ADDRESS:				PO	PROVINCE OR STATE: POSTAL CODE: FAX NUMBER:			
Choose an C	Option Belo	W						
	mecop me one year su				No			
plus supplements cept for the supple	olished semiann s on special topic ements. Non-fel schools, hospita	cs. PSOHN lows may s als, and go	NS Fellows in go subscribe at the vernment, comr	ood standing following rate mercial and p	are automatica s, which includrivate institutio	ally enrolled de delivery fon ns and organ	subscribers wit ees. Institutiona nizations. Indivi	eive two issues per year h no additional fees ex- l (multiple-reader rates) idual subscriptions must org/order-form/
Individua				Institutio				
	Local Overseas	PhP USD	1,200.00 40.00		Local Overseas	PhP USD	1,500.00 50.00	
Particular Issues	and Supplemer	its may be	purchased at th	he following ra	ates per copy	subject to a	/ailability, witho	ut online access:
Individua	al			Institutio	nal			
	Local Overseas	Php USD	600.00 20.00		Local Overseas	PhP USD	750.00 25.00	
Mode of Pay	ment							
San Mig	Name: Phil	ippine Soc -754-5903	iety of Otolaryn 233					
Metroba	: Name: Phil	ippine Soc -2-545002 Avenue C	iety of Otolaryn 54-4 Irtigas Branch	igology-Head	transfer to the and Neck Sur	e following a gery, Inc.	ccount:	

MBTCPHMM

Please fax bank receipts as well as order forms to (632) 633-2783.

Swift Code:

SIGNATURE OVER PRINTED NAME OF SUBSCRIBER

Date